EXHIBIT 1						
PRIME OFFEROR						
SUMMARY OF TARGET COST PLUS TARGET IN	ICENTIVE FEE					
Floring to ad Onet	Base Period	Option 1	Option 2	Option 3	Option 4	GRAND
Elements of Cost	Contract Year 1	Contract Year 2	Contract Year 3	Contract Year 4	Contract Year 5	TOTAL
TOTAL PRIME PLUS SIGNIFICANT SUBCONTRACTORS DIRECT LABOR HOURS						
TOTAL TARGET COST						
TARGET INCENTIVE FEE						
TOTAL TARGET COST PLUS TARGET INCENTIVE FEE						
MINIMUM INCENTIVE FEE						
MAXIMUM INCENTIVE FEE						
		•				
This exhibit contains Source Selection Information. See	FAR 3.104.					

RFP# NNH17579608R Proposing Entity:

P# NNH17579608R	
oposing Entity:	
HIBIT 2	
RIME OFFEROR	
EMENTS OF COST BY WORK BREAKDOWN STRUCTURE (WBS)	
SS Level	

Elements of Cost  Direct Labor (DL) Hours:	Base Period Contract Year 1	Option 1 Contract Year 2	Option 2 Contract Year 3	Option 3	Option 4	GRAND
	Contract Year 1	I Contract Year 2	I CONTROOT VOOR ?		O 4 3 4 -	T^T*:
'Direct Labor (DL) Hours:			Contract fear 3	Contract Year 4	Contract Year 5	TOTAL
Prime Onsite DL Hours (Derived from Exhibit 2A)						
·						
Prime Offsite DL Hours (Derived from Exhibit 2A)  Total Prime Direct Labor Hours						
Total Prime Direct Labor Hours						
Significant Subcontractor Onsite DL Hours*:						
(List total hours separately by company)						
Subtotal Significant Subcontractor Onsite Direct Labor Hours						
Custotal Organicalit Gussonitudes Chick Encer Lasor Floure						
Significant Subcontractor Offsite DL Hours*:						
(List total hours separately by company)						
Subtotal Significant Subcontractor Offsite Direct Labor Hours						
•						
Total Significant Subcontractor Direct Labor Hours						
TOTAL PRIME AND SIGNIFICANT SUBCONTRACTORS						
DIRECT LABOR HOURS						
Direct Labor Costs:						
Prime Onsite DL Costs (Derived from Exhibit 2A)						
Prime Offsite DL Costs (Derived from Exhibit 2A)						
TOTAL PRIME DIRECT LABOR COSTS						
TOTAL FRIME DIRECT LABOR COSTS						
Overhead:						
Onsite						
Offsite						
TOTAL OVERHEAD COSTS						
041 Pire 0 (0 P O)						
Other Direct Costs (ODCs):						
Significant Subcontracts (list separately by company)**						
Other Subcontracts						
Material Travel						
Travel						
Other (Specify)						
TOTAL ODCs						
SUBTOTAL COST						
G&A COSTS						
TOTAL TABOUT COST						
TOTAL TARGET COST						
MINIMUM INCENTIVE FEE						
TARGET INCENTIVE FEE						
MAXIMUM INCENTIVE FEE						
III OUIII III OLIIII II LL						
TOTAL TARGET COST PLUS TARGET INCENTIVE FEE						
TOTAL TAKOLI GOOTI LOO TAKOLI INOLINIVLI LL						

\*Significant Subcontractor (>10% or \$30.5M) of proposed contract value (Base and all Option Periods) - Insert Direct Labor Hours Only
\*\*List each significant subcontractor separately by company - Insert Total Costs and Fees/Profits
Offerors may adjust elements of cost to be consistent with your current accounting system.

RFP# NNH17579608R							
Proposing Entity:							
[ ] Prime Offeror OR [ ] Significant S	ubcontractor						
EXHIBIT 2A							
DIRECT LABOR HOURS, DIRECT	LABOR RATES A	AND DIRECT LA	ABOR COSTS	DETAIL			
WBS Level							
	ll abau Trusal	Door Dowland	Outland	Ontion 0	04: 0	Ontion 4	Onend
Elements of Cost	Labor Type (E or NE)	Base Period CY 1	Option 1 CY 2	Option 2 CY 3	Option 3 CY 4	Option 4 CY 5	Grand Total
DIRECT LABOR (DL) HOURS:							
(List by Individual DL Category)							
	+						
	+						
TOTAL DIRECT LABOR HOURS							
DIRECT LABOR HOURLY RATES:							
(List by Individual DL Category)							
	<del>-  </del>						
	+						
DIRECT LABOR COSTS:							
(List by Individual DL Category)							
TOTAL DIRECT LABOR COSTS							
This exhibit contains Source Selection In	formation. See FAF	R 3.104.					

RFP# NNH17579608R														
Proposing Entity:														
Proposing Entity: [ ] Prime Offeror OR [ ] Significant Subcor	ntractor													
EXHIBIT 2A														
EXHIBIT 2A DIRECT LABOR HOURS, DIRECT LAB	OR RATE	S AND DIR	ECT LARC	OR COSTS	DETAIL									
Government Fiscal Year and WBS Level	l little	S AND DIII	COI LAD	<u> </u>	DEIAL									
did vibo Level														
	Labor Type		1	ı	1	1	1	1	ı		ı	T		
Elements of Cost	(E or NE)	Month*	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	TOTAL
DIRECT LABOR (DL) HOURS:	(E OI NE)													
DIRECT LABOR (DL) HOURS: Onsite DL Hours:														
(List by Individual DL Category)														
(List by marriada B2 category)			<b>†</b>	<u> </u>	•	•						<u> </u>		
Subtotal Onsite DL Hours														
Offsite DL Hours:														
(List by Individual DL Category)														
(														
Subtotal Offsite DL Hours														
TOTAL DIRECT LABOR HOURS														
DIRECT LABOR HOURLY RATES:														
(List by Individual DL Category)														
(List by Marriaga BE category)														
DIRECT LABOR COSTS:														
Onsite DL Costs: (List by Individual DL Category)														
(List by Individual DL Category)														
				ļ								ļ		
				ļ		ļ						ļ		
			-	<b> </b>	ļ	<b>.</b>						<b> </b>		
			1	<del> </del>	-	<u> </u>						<del> </del>		
Subtatal Onaita DI Casta				1	1	<u> </u>	<u> </u>		<u> </u>		<u> </u>	1		
Subtotal Onsite DLCosts			-	1	<u> </u>	<u> </u>					<u> </u>	<del> </del>		
Officia DI Conta														
Offsite DL Costs: (List by Individual DL Category)				-	-	-						-		
LIST BY ITIUIVIUUAL DE CALEGOLY)				<del> </del>		-						<del> </del>		
<u> </u>				<del> </del>	<del> </del>	<del> </del>						<del> </del>		
			+	<del> </del>	<del> </del>	<del> </del>						<del> </del>		
			+	<del>                                     </del>	<del> </del>	<del>                                     </del>						<del> </del>		
	+		+	<del> </del>	<del> </del>	<del> </del>						<del> </del>		
Subtotal Offsite DL Costs			+	<del>                                     </del>	<del> </del>	<del>                                     </del>						<del> </del>		
Gubiolai Offsite DE COSIS														
TOTAL DIRECT LABOR COSTS														
TOTAL DINLOT LABOR COOTS			<u> </u>									<u> </u>		
This exhibit contains Source Selection Information	ation. See F	AR 3.104.												

RFP# NNH17579608R						
Proposing Entity:						
EXHIBIT 2B						
SIGNIFICANT SUBCONTRACTOR		-0.				
ELEMENTS OF COST BY WORK BREAKDOWN S	TRUCTURE (WI	BS)				
WBS Level						
Elements of Cost	Base Period	Option 1	Option 2	Option 3	Option 4	GRAND
Direct Labor (DL) Hours	Contract Year 1	Contract Year 2	Contract Year 3	Contract Year 4	Contract Year 5	TOTAL
Direct Labor (DL) Hours: Onsite DL Hours (Derived from Exhibit 2A)						
Offsite DL Hours (Derived from Exhibit 2A)  Offsite DL Hours (Derived from Exhibit 2A)						
TOTAL DIRECT LABOR HOURS						
Direct Labor Costs:						
Onsite DL Costs (Derived from Exhibit 2A)						
Offsite DL Costs (Derived from Exhibit 2A)						
TOTAL DIRECT LABOR COSTS						
Overhead:						
Onsite						
Offsite						
TOTAL OVERHEAD COSTS						
Other Direct Costs (ODCs):						
Other Subcontracts						
Material						
Travel						
Other (Specify)						
TOTAL ODCs						
TOTAL ODGS						
SUBTOTAL COST						
G&A COSTS						
TOTAL ESTIMATED COST						
TOTAL ESTIMATED COST						
[Sub Specify Type - FEE or PROFIT] PERCENTAGE						
[Sub Specify Type - FEE or PROFIT] AMOUNT						
TOTAL COST PLUS [Sub Specify Type - FEE or PROFIT]						
Offerors may adjust elements of cost to be consistent with	your current acco	unting system.				
This exhibit contains Source Selection Information. See FA	AR 3.104.					

P# NNH17579608R	
oposing Entity:	
(HIBIT 2C	
RIME OFFEROR	
JMMARY OF TARGET COST AND TARGET INCENTIVE FEE	
OR SLIP MONTHS STARTING AFTER THE END OF OPTION 4 PERIOD OF PERFORMANCE	

Elements of Cost	Slip Month 1 (Oct/2017)	Slip Month 2 (Nov/2017)	Slip Month 3 (Dec/2017)	Slip Month 4 (Jan/2018)	Slip Month 5 (Feb/2018)	Slip Month 6 (Mar/2018)	TOTAL
Direct Labor (DL) Hours:				,	,		
Prime Onsite DL Hours							
Prime Offsite DL Hours							
Total Prime Direct Labor Hours							
Significant Subcontractor Onsite DL Hours*:							
(List separately by company)							
Subtotal Significant Subcontractors Onsite Direct Labor Hours							
<del>-</del>							
Significant Subcontractor Offsite DL Hours*:							
(List separately by company)							
Subtotal Significant Subcontractors Offsite Direct Labor Hours							
<u> </u>							
Total Significant Subcontractor Direct Labor Hours							
TOTAL PRIME AND SIGNIFICANT SUBCONTRACTORS							
DIRECT LABOR HOURS						1	
DINLOT LABOR HOURS		1					
Direct Labor Costs:		1					
Prime Onsite DL Costs							
Prime Offsite DL Costs		-					
Prime Offsite DL Costs							
TOTAL PRIME DIRECT LABOR COSTS							
Overhead:							
Onsite							
Offsite							
TOTAL OVERHEAD COSTS							
TOTAL OVERHEAD COSTS							
Other Direct Costs (ODCs):							
Significant Subcontracts (list separately by company)**							
Other Subcontracts							
Material							
Travel							
Other (Specify)							
TOTAL ODCs							
SUBTOTAL COST							
G&A COSTS							
TOTAL ESTIMATED COST							
TOTAL ESTIMATED COST							
TOTAL TARGET COST							
TOTAL TARGET COST							
MINIMUM INCENTIVE FEE							
INITIALIAL DIAL LINCENTIAL LEE							
TARGET INCENTIVE FEE							
IARGEI INCENTIVE FEE						<u>                                     </u>	
MAYIMI IM INICENTIVE FFF							
MAXIMUM INCENTIVE FEE						1	
TOTAL TARGET COST PLUS TARGET INCENTIVE FEE						ļ	

\*Significant Subcontractor (>10% or \$30.5M of proposed contract value (Base and Option Periods)) - Insert Direct Labor Hours Only
\*\*List each Significant Subcontractor separately by company - Insert Total Costs and Fees/Profits

Offerors may adjust elements of cost to be consistent with your current accounting system.

This exhibit contains Source Selection Information. See FAR 3.104.

RFP# NNH17579608R											
Proposing Entity:											
EXHIBIT 2D											
SIGNIFICANT SUBCONTRACTOR	SIGNIFICANT SUBCONTRACTOR										
	SUMMARY OF ESTIMATED COST AND FEE/PROFIT										
		DIOD OF DEDI	CODMANCE								
FOR SLIP MONTHS STARTING AFTER THE END OF OPTION 4 PERIOD OF PERFORMANCE											
	Clin Manth 4	Clin Manth 2	Clin Manth 2	Clin Manth 4	Clin Month F	Clin Month C					
Elements of Cost	Slip Month 1	Slip Month 2	Slip Month 3		Slip Month 5		TOTAL				
Direct Labor (DL) Hours:	(Oct/2017)	(Nov/2017)	(Dec/2017)	(Jan/2018)	(Feb/2018)	(Mar/2018)					
Onsite DL Hours											
Offsite DL Hours											
TOTAL DIRECT LABOR HOURS											
Direct Labor Costs:											
Onsite DL Costs											
Offsite DL Costs											
TOTAL DIRECT LABOR COSTS											
TOTAL DIRECT LABOR COSTS											
Overhead:											
Onsite											
Offsite											
TOTAL OVERHEAD COSTS											
Other Bires (ODOs)											
Other Direct Costs (ODCs):											
Other Subcontracts Material											
Travel											
Other (Specify)											
TOTAL ODCs											
SUBTOTAL COST											
G&A COSTS											
TOTAL ESTIMATED COST											
10h Once if the FEE of PROFIT PERCENTAGE											
[Sub Specify Type - FEE or PROFIT] PERCENTAGE											
[Sub Specify Type - FEE or PROFIT] AMOUNT											
TOTAL COST DI US 10th One of The Cost DECEMBER											
TOTAL COST PLUS [Sub Specify Type - FEE or PROFIT]											
Offerors may adjust elements of cost to be consistent with	n your current a	accounting sys	tem.								
This exhibit contains Source Selection Information. See F	AR 3.104.										

RFP# NNH17579608R					
Proposing Entity:					
Prime Offeror OR [ ] Significant Subcontractor					
EXHIBIT 3					
SUMMARY OF INDIRECT RATES					
	Occasion and Occasion	Occasion and Officia	Manager	0045	041/1-1416-3##
	Overhead Onsite Rate	Overhead Offsite Rate	Manufacturing Overhead Rate	G&A Expense Rate	Other (Identify)** Rate
Contract Year 1 - Base Period	Nate	Nate	Overneau Nate	Nate	Nate
*Portion of Contractor FY From: to					
*Portion of Contractor FY From: to					
Contract Year 1 Composite					
Contract Year 2 - Option 1					
*Portion of Contractor FY From:to					
*Portion of Contractor FY From: to					
Contract Year 2 Composite					
Contract Year 3 - Option 2					
*Portion of Contractor FY From:to					
*Portion of Contractor FY From: to					
Contract Year 3 Composite					
Contract Year 4 - Option 3					
*Portion of Contractor FY From:to					
*Portion of Contractor FY From:to					
Contract Year 4 Composite					
Contract Year 5 - Option 4					
*Portion of Contractor FY From:to					
*Portion of Contractor FY From:to					
Contract Year 5 Composite					
BASE OF APPLICATION - INDIRECT RATE APPLIED					
AGAINST (Specific Base)***					
*Explain Basis of Allocation of Contractor FY Rates to			Rates		
**If Multiple "Other" Indirect Rates - Add additional co	lumns and specify each	cn individually			
***Explanation of Base of Application					
This exhibit contains Source Selection Information. S	SOO FAR 3 104				
This exhibit contains source selection information.	CC FAR 3.104.				

RFP# NNH17579608R				
Proposing Entity:				
[ ] Prime Offeror OR [ ] Significant Subcontractor				
EXHIBIT 4				
SUMMARY OF RECURRING OTHER DIRECT (	COSTS (ODCs) / COST ES	TIMATING RELATIONSHI	PS (CERS)	
	0	0	0	0
	Specify ODC** Percentage/Rate/Amount***	Specify ODC** Percentage/Rate/Amount***	Specify ODC** Percentage/Rate/Amount***	Specify ODC** Percentage/Rate/Amount***
Contract Year 1 - Base Period	Fercentage/Rate/Amount	Fercentage/Rate/Amount	Fercentage/Rate/Amount	Fercentage/Rate/Amount
*Portion of Contractor FY From: to				
*Portion of Contractor FY From: to				
Contract Year 1 Composite				
Contract Year 2 - Option 1				
*Portion of Contractor FY From:to				
*Portion of Contractor FY From:to				
Contract Year 2 Composite				
Contract Year 3 - Option 2				
*Portion of Contractor FY From: to				
*Portion of Contractor FY From:to				
Contract Year 3 Composite				
Contract Year 4 - Option 3				
*Portion of Contractor FY From: to				
*Portion of Contractor FY From: to				
Contract Year 4 Composite				
Contract Voor E Ontion 4				
Contract Year 5 - Option 4 *Portion of Contractor FY From: to				
*Portion of Contractor FY From: to				
Contract Year 5 Composite				
BASE OF APPLICATION - INDIRECT RATE APPLIED				
AGAINST (Specific Base)****				
AOAIIIOT (Opecific Base)				
*Explain Basis of Allocation of Contractor FY Rates to			propietion etc.)	
**Type/Name of Recurring ODCs or CERs (i.e. Comput  ***Specify ODC as either a Percentage (%), Rate, and/o		nt, Administrative Support, De	preciation, etc.)	
****Explanation of Base of Application	υ Donai amount (ψ)			
Explanation of Buod of Application				
This exhibit contains Source Selection Information. S	ee FAR 3.104.			

RFP# NNH17579608R										
Proposing Entity:										
[ ] Prime Offeror OR [ ] Significant Subcon	tractor									
EXHIBIT 5A										
<b>OVERHEAD EXPENSE POOL (Composi</b>	ition of Burder	n Pool)								
Overhead or Service Center Pool =										
(Specify Type of Overhead Burden, e.g. Labor,	Onsite, Offsite, E	ngineering, P	rocurement, S	ervice Center	(s), etc See	Section L - Co	ost Volume In:	structions)		
OFFEROR'S FISCAL YEAR BEGINS	AND ENDS _									
	Contractor	Contractor	Contractor	Contractor	Contractor	Contractor	Contractor	Contractor		
Cost Elements within	Fiscal Year	Fiscal Year	Fiscal Year	Fiscal Year	Fiscal Year	Fiscal Year	Fiscal Year	Fiscal Year		
the Overhead Burden Pool	Prior Yr 3**	Prior Yr 2**	Prior Yr 1**							
Total Quark and David Ex							<b></b> '			
Total Overhead Pool Expenses							<b></b>			
Base of Distribution (identify) Dollars:										
Existing Base										
Forecasted Base*										
Contractor FY Rate (%)							<u> </u>			
Conversion of Contractor FY Overhead Rate to	Contract Voor (C	V) Pato		CY 1	CY 2	CY 3	CY 4	CY 5		
Proposed Overhead Bid Rate by CY		i j Nale		CTT	C1 Z	CIS	614	015		
Toposed Overnead bid Nate by C1		l								
If more than one Overhead Pool is proposed, so	uhmit a congrete	Exhibit for an	ch Pool							
*Provide details of the forecasted base.	ubillit a separate	EXHIBIT IOI 69	CII FUUI.							
**If 8(a) Unpopulated Joint Venture (JV), provide	o actual ovnonco	s for both ont	ities that com	nrise the IV						
ii o(a) oripopulated Joint Veriture (JV), provide	e actual expense	S TOT DOLLT CITE	ines mai com	νιίο <del>υ</del> μία υ <b>ν</b> .						
This exhibit contains Source Selection Information	tion See FAR 3	104								
Time eximple contains source selection infollid	HOII. OEE I'MN 3.									

RFP# NNH17579608R								
Proposing Entity:								
Prime Offeror OR [ ] Significant Subcontract	tor							
EXHIBIT 5B								
GENERAL AND ADMINISTRATIVE (G&A) E	XPENSE PO	OL (Compo	sition of Bu	rden Pool)				
OFFEROR'S FISCAL YEAR BEGINS	AND ENDS							
	T.	Ī	ī		ī	Ī	ī	T
	Controlton	0	0	0	0	0	0	O a matura ant a m
Coat Flamenta Within the COA Evnance Real	Contractor Fiscal Year	Contractor Fiscal Year	Contractor Fiscal Year	Contractor Fiscal Year	Contractor Fiscal Year	Contractor Fiscal Year	Contractor Fiscal Year	Contractor Fiscal Year
Cost Elements Within the G&A Expense Pool	Prior Yr 3**	Prior Yr 2**	Prior Yr 1**	riscai feai	riscai reai	riscai feai	riscai rear	riscai real
	11101 11 3	11101 11 2	11101 11 1					
Labor:								
23,001.								
Labor Related Cost:								
B&P								
IR&D								
Corporate Allocations:								
Other (Specify):								
Other (Opechy).								
Total G&A Pool Expenses								
Base of Distribution (identify) Dollars:								
Existing Base								
Forecasted Base*								
Contractor FY Rate (%)								
	1 1 1 1 1 1 1 1 1 1							
Conversion of Contractor FY Overhead Rate to Co	ntract Year (CY	) Rate		CY 1	CY 2	CY 3	CY 4	CY 5
Proposed Overhead Bid Rate by CY								
If many than any COA Dool is proposed authority a	 	t for each Da						
If more than one G&A Pool is proposed, submit a s *Provide details of the forecasted base.	eparate Exnib	it for each Poo	JI.					
**If 8(a) Unpopulated Joint Venture (JV), provide a	tual evnenese	for both entit	ies that comp	rise the IV				
in o(a) onpopulated coult venture (ov), provide at	Audi expeliaes	ioi botti entit	ico mat comp	136 tile 0 V.				
This exhibit contains Source Selection Information	See FAR 3.1	04.						

RFP# NNH175796	08R					
<b>Proposing Entity:</b>						
[ ] Prime Offeror	r OR [ ] \$	Significant Subcontractor				
EXHIBIT 6						
OTHER SUBCO	ONTRACT	rs				
CONTRACT YEAR	WBS(s)	SUBCONTRACTOR	DESCRIPTION OF EFFORT	TYPE OF CONTRACT	PRIME PROPOSED SUB HOURS	PRIME PROPOSED SUB PRICE
	<u> </u>					
				<u> </u>		
	ļ			_		
				<del>                                     </del>		
	<b> </b>			-		
	<del>                                     </del>			+		
<del></del> !	<del>                                     </del>			+		
<del></del> !	<del>                                     </del>			+		
TOTAL				+		
IOIAL	<u> </u>		-			
This exhibit conta	ins Source	Selection Information. See	FAR 3.104.			

RFP# NNH175796						
Proposing Entity:	:					
[ ] Prime Offero	r OR []S	ignificant Subcontractor				
EXHIBIT 7						
MATERIAL ITE	MS					
CONTRACT YEAR	WBS(s)	NOMENCLATURE	PART NUMBER	QUANTITY REQUIRED	UNIT PRICE	TOTAL PRICE
TOTAL						
This exhibit conta	ains Source	Selection Information. See	FAR 3.104.			

CONTRACT WBS ORGIN/DESTINATION PURPOSE # OF TRIPS # OF PEOPLE # OF DAYS AMOUNT BATE AMOUNT BATE AMOUNT BATE AMOUNT BATE	CAR INTAL TOTAL OUNT
EXHIBIT 8 TRAVEL COSTS  CONTRACT WBS ORGIN/DESTINATION PURPOSE # OF TRIPS # OF PEOPLE # OF DAYS AIRFARE AIRFARE PER DIEM PER DIEM RENTAL RENTA	NTAL TOTAL
TRAVEL COSTS  CONTRACT WBS ORGIN/DESTINATION PURPOSE # OF TRIPS # OF PEOPLE # OF DAYS AIRFARE AIRFARE AMOUNT PATE AMOUNT RENTAL R	NTAL TOTAL
TRAVEL COSTS  CONTRACT WBS ORGIN/DESTINATION PURPOSE # OF TRIPS # OF PEOPLE # OF DAYS AIRFARE AIRFARE AMOUNT PATE PATE AMOUNT PATE PATE PATE PATE PATE PATE PATE PAT	NTAL TOTAL
CONTRACT WBS ORGIN/DESTINATION PURPOSE # OF TRIPS # OF PEOPLE # OF DAYS ARFARE AIRFARE AMOUNT PATE AMOUNT RENTAL R	NTAL TOTAL
CONTRACT WBS ORGIN/DESTINATION PURPOSE # OF TRIPS # OF PEOPLE # OF DAYS ARFARE ARE ARE ARE ARE ARE ARE ARE ARE ARE	NTAL TOTAL
CONTRACT WBS ORGIN/DESTINATION PURPOSE # OF TRIPS # OF PEOPLE # OF DAYS ARE	NTAL TOTAL
TOTAL	

DED# NAME AND ASSESSED.	2225				-
RFP# NNH17579	9608R				
<b>Proposing Entit</b>	y:				
Prime Offer	or OR [ ]	Significant Subcontractor			
EXHIBIT 9					
OTHER DIRE	CT COST	S			
CONTRACT YEAR	WBS	DESCRIPTION	QUANTITY REQUIRED	UNIT PRICE	TOTAL PRICE
TOTAL					
This exhibit con	tains Sourc	ce Selection Information. See FAR 3.104.			

RFP# NNH17579608R	
Proposing Entity:	
[ ] Prime Offeror OR [ ] Significant Subcontrac	tor
EXHIBIT 10	
PHASE-IN PLAN PRICE	
Elements of Cost	Proposed Costs
DIRECT LABOR HOURS (Derived from Exhibit 10A)	
·	
DIRECT LABOR COST (Derived from Exhibit 10A)	
OVERHEAD	
OTHER DIRECT COSTS:	
Relocation	
Training	
Subcontracts	
Travel	
Other (detail)	
TOTAL ODCS	
SUBTOTAL COSTS	
G&A	
TOTAL COSTS	
PROFIT	
TOTAL FIRM FIVER PRIOF	
TOTAL FIRM FIXED PRICE	
This contributes out the Occurrence of the Contribute of the Contr	0 - 540 0 404
This exhibit contains Source Selection Information	. See FAR 3.104.

RFP# NNH17579608R			
Proposing Entity:			
[ ] Prime Offeror OR [ ] Significan	t Subcontract	or	
EXHIBIT 10A			
<b>DIRECT LABOR PHASE-IN COS</b>	STS		
Contract Direct Labor Categories	Hours	Proposed Rates	Proposed Costs
TOTAL PHASE-IN DIRECT LABOR COSTS			
This exhibit contains Source Selection	n Information	See EAD 2 404	
THE EXHIBIT CONTAINS SOURCE SELECTION	rimatich	300 FAR 5 104	

RFP# NNH1757					
<b>Proposing Enti</b>	ity:				
[ ] Prime Offe	eror OR [ ] Significant Subcontract	or			
EXHIBIT 11					
SOURCE OF	PERSONNEL CHART				
(FIRST CONTR	ACT YEAR ONLY)				
(I IIIO OOITII	ASTILARORET				
Total Number of Staff	Labor Category/Position Title	Labor Category Code*	Personnel Available Within Company	Personnel to be Obtained from Incumbent	Outside Hired Staff
TOTAL					
*Code each Lal	bor Cateogry: S=SALARIED; H=HOU	RLY; U=UNION	I; E=EXEMPT; NE=NON-	EXEMPT DOL/WD DE	TERMINATION;
I=INCUMBEN	T; SU=SUBCONTRACTOR				
This exhibit co	ntains Source Selection Information.	See FAR 3.10	4.		

RFP# N	NH17579608R							
Proposing Entity:								
[ ] Pri	me Offeror OR [ ] Significant	t Subcontractor						
EXHIBI <sup>*</sup>								
PROD	<u>UCTIVE WORK YEAR CAL</u>	CULATION						
		Base Period	Option 1	Option 2	Option 3	Option 4	GRAND	
		Contract Year 1	Contract Year 2	Contract Year 3	Contract Year 4	Contract Year 5	TOTAL	
Total Po	ossible Hours in Year							
Less:								
	Vacation in Hours							
	Holidays in Hours							
	Sick Leave in Hours							
	Miscellaneous in Hours							
	(specifically identify)							
	•					•		
PRODU	CTIVE WORK YEAR in Hours							
(Hours	Actually Worked)							
This ex	hibit contains Source Selection	Information. See	FAR 3.104.					

RFP# NNH1757960 Proposing Entity: Prime Offeror	8R					
Proposing Entity:						
[ ] Prime Offeror	OR [ ] Significan	t Subcontractor O	R [ ] Non-Signific	ant Subcontractor		
EXHIBIT 13A						
FRINGE BENEF	ITS (FB)					
(Total Compensa						
Exempt Employees Company Or Divisi Employer Location Effective:	<u> </u>					
Company Or Divisi	on Name:					
Employer Location	n(s):					
Effective:						
		_				
	Total Cost of FB	_	Cost Per Hour of	_	Cost Per Hour of	
Benefit Item	per Hour		Contribution		Contribution	Remarks
	per riour	%	\$	%	\$	
Insurance Plans						
Health						
Life						
Dental						
Disability						
Other (List)						
Sick Leave						
Employee Savings						
Severance Pay						
Vacation						
Holidays						
Other (List)						
		1				

**NOTE:** This is a SAMPLE format only and reflects examples of fringe benefit items your company package may include. All costs should be shown in cents-per-hour (9 Holidays = \$.185). It is recognized that such costs will be averages for the different employee categories involved (EXEMPT, UNION, etc.). Each benefit item should be briefly highlighted. EXAMPLE: Vacation – "2 weeks after one year, 3 after seven years, and 4 after fifteen years." Only company costs should be shown, if a specific benefit item is contributory by the employee, explain separately.

This exhibit contains Source Selection Information. See FAR 3.104.

**Total Cost of FB** 

RFP# NNH17579600 Proposing Entity:	8R					
Proposing Entity:						
[ ] Prime Offeror	OR [ ] Significan	t Subcontractor O	R [ ] Non-Signific	ant Subcontractor		
EXHIBIT 13B						
FRINGE BENEF	ITS (FB)					
(Total Compensa	tion Plan)					
Non-Exempt Emplo Company Or Division Employer Location Effective:	oyees					
Company Or Division	on Name:					
<b>Employer Location</b>	(s):					
Effective:	` '					
	Tatal Cart of ED	Percentage AND	Cost Per Hour of	Percentage AND	Cost Per Hour of	
Benefit Item	Total Cost of FB		Contribution		Contribution	Remarks
	per Hour	%	<b> </b> \$	%	<b> </b>	
Insurance Plans						
Health						
Life						
Dental						
Disability						
Other (List)						
Sick Leave						
Employee Savings						
Severance Pay						
Vacation						
Holidays						
Other (List)						
Total Cost of FB						

**NOTE:** This is a SAMPLE format only and reflects examples of fringe benefit items your company package may include. All costs should be shown in cents-per-hour (9 Holidays = \$.185). It is recognized that such costs will be averages for the different employee categories involved (EXEMPT, UNION, etc.). Each benefit item should be briefly highlighted. EXAMPLE: Vacation – "2 weeks after one year, 3 after seven years, and 4 after fifteen years." Only company costs should be shown, if a specific benefit item is contributory by the employee, explain separately.

This exhibit contains Source Selection Information. See FAR 3.104.

RFP# NNH17579608R		
Proposing Entity:		
Prime Offeror OR [ ] Significant Subcontractor		
EXHIBIT 14A		
Cognizant Defense Contract Audit Agency (DCAA) Of	ifice Information	
DCAA Online Info <pre>http://www.dcaa.mil</pre>		
Submitting Entity:	DCAA Field Audit Office (FAO):	
Company Name:	DCAA FAO:	
POC:	POC:	
Phone Number:	Phone Number:	
TAV Niveshore	FAV Nursham	
FAX Number:	FAX Number:	
E-Mail Address:	E-Mail Address:	
L-IVIAII Address.	L-Iviali Address.	
Street:	Street:	
P.O.Box:	P.O.Box:	
City:	City:	
State:	State:	
Zip Code:	Zip Code:	
Note: The submitting entity audit point of contact (POC) and address provided	above must be at a location where auditable records supporting the proposed amounts physically reside.	
This code that a contains Occurry Oct 10 10 10 10 10 10 10 10 10 10 10 10 10	404	
This exhibit contains Source Selection Information. See FAR 3.	104.	

RFP# NNH17579608R								
Proposing Entity:								
[ ] Prime Offeror OR [ ] Significant Subcontractor								
EXHIBIT 14B								
Cognizant Defense Contract Management Agency (D	CMA) Office Inform	ation						
	_							
DCMA Online Info <pre>http://www.dcma.mil</pre>								
Submitting Entity:		DCMA Cognizant Office:						
Company Name:		DCMA Office						
POC:		POC:						
hone Number:		Phone Number:						
FAX Number:		EAV Number	+					
PAX Number.		FAX Number:	+					
E-Mail Address:		E-Mail Address:	+					
_ maii / taa 1000.		E Man / (adi 666)	+					
Street:		Street:						
P.O.Box:		P.O.Box:						
City:		City:						
Chaha		Chata	+					
State:		State:	+					
Zip Code:		Zip Code:	+					
Zip Godd.		p =====						
Disclosures:	<u>Date</u>	Audit Repo	Audit Report #					
Contractor Estimating System Review (CESR) Contractor Purchasing System Review (CPSR)					•		-	
Contractor Purchasing System Review (CPSR)								
Contractor Billing System Review Contractor Accounting System Review Contractor Disclosure Statement Accuracy								
Contractor Accounting System Review								
Contractor Disclosure Statement Accuracy								
Contractor Executive Compensation Review								
Contractor Property Management System								
Forward Pricing Rate Agreements								
Earned Value Management System (EVMS)								
Level of CAS applicability								
Determination of Cost Accounting Standards (CAS) applicability								
Determination of Cost / Cocuming Standards (C/CO) applicability								
Note: The submitting entity audit point of contact (POC) and address provided	l above must be at a location	where auditable records suppor	rting the pror	nosed amounts phy	sically reside	<u> </u>		
The second of th	C. C		g prop			<u>-                                    </u>		
This exhibit contains Source Selection Information. See FAR 3.	104.							